

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5124

CERTIFICATE OF DEATH

05095
Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#2		c. LENGTH OF STAY IN 1b 71 Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#2			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Urbana				d. STREET ADDRESS Urbana		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First BION	Middle EUGENE	Last ANDERSON	4. DATE OF DEATH May 22,	Month 1956	Day Year
S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/>	B. DATE OF BIRTH 25 Nov 1881	9. AGE (In years last birthday) 74 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building Construction		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas A. Anderson			14. MOTHER'S MAIDEN NAME Emma S. Bopst				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-4285		17. INFORMANT Mrs. Mary B. Anderson (Same as item #2)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Artis Stenosis</i> 421.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. <i>Arterio Sclerosis</i> (b) <i>Arterio Sclerosis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
INTERVAL BETWEEN ONSET AND DEATH 2 years							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m.		Month 19	Day	Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>200. 10</i> , 19 <i>55</i> to <i>200. 32</i> , 19 <i>56</i> that I last saw the deceased alive on <i>Aug 21</i> , 19 <i>56</i> , and that death occurred at <i>5:15 A.M.</i> from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE <i>B. O. Thomas</i> M.D. 228 N. Market St., Frederick, Md. 5/22/56 DATE SIGNED							
PHYSICIAN'S NAME (Type) B. O. Thomas, M. D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 24 May 1956	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery			22d. LOCATION (City, town, or county) Frederick, Maryland (State)		
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE 23 May 1956		24b. REGISTRAR'S SIGNATURE <i>Elizabeth L. Heck</i>	

This image shows a document page that has been severely redacted. The background contains faint, illegible text that appears to be a standard form or template. Overlaid on this are large, bold, black markings. In the lower-left quadrant, the words "RECEIVED" and "BUREAU A. S." are written vertically. Below this, the date "MAY 6 1956" is printed. The entire page is covered with a dense grid of black redaction marks, obscuring most of the original content.

BUREAU Y. S.

May 5 1956

RECEIVE ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5101

CERTIFICATE OF DEATH

05096

Reg. Dist. No. 131

1. PLACE OF DEATH
a. COUNTY

Frederick

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Frederick

c. LENGTH OF STAY IN 1b
OR INSTITUTION

Frederick Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Maryland

b. COUNTY

Frederick

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Rural—Frederick

d. STREET ADDRESS

Route 6

e. IS RESIDENCE
ON A FARM?YES NO 3. NAME OF
DECEASED
(Type or print)

First Robert Wayne S. Aylor

Last

4. DATE
OF
DEATH

Month May

Day 5

Year 1956

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

Feb. 10-1955

9. AGE (In years
lost birthday)
yrs.

1

10. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William A. Aylor

14. MOTHER'S MAIDEN NAME

Mildred Lacey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Wm. A. Aylor-Route 6- Frederick-Md.

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

550.1

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause last.

(b)

Intestinal obstruction

INTERVAL BETWEEN
ONSET AND DEATH
1 wk

DUE TO

Peritonitis

4 wk

(c)

Perforated Appendix

4 1/2 wk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month Day Year
Hour o. p. m. 1920d. INJURY OCCURRED
While Not while
of work of work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from 14 April, 1956, to 5 May, 1956, that I last saw the deceased
alive on 5 May, 1956, and that death occurred at 12:05 AM, from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATURE

Dr. A. M. Powell*Jr.

M.D.

7 May 56

22a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

22b. DATE THEREOF

May 7-1956

22c. NAME OF CEMETERY OR CREMATORIUM

Mt. Olivet Cemetery

22d. LOCATION (City, town, or county)

Frederick

(State)

Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

C. E. Cline & Son - Frederick-Md.

ADDRESS

24a. REC'D BY REGISTRAR

DATE 7 May 1956

24b. REGISTRAR'S SIGNATURE

Elizabeth H. Heck

181

WISCONSIN STATE DEPARTMENT OF HEALTH - CALUMETTE 18

CERTIFICATE OF DEATH

MARSHALL

BUREAU V. S.

MAY 9 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5125

CERTIFICATE OF DEATH

05097
131

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
<i>Frederick</i>				a. STATE	b. COUNTY		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb		Md.			
<i>Rural, Walkersville</i>		<i>3 yrs</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
				<i>Rural, Walkersville</i>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH		
<i>IDA</i>				<i>BURRIER</i>	May 19 1956		
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years lost birthday) 82 yrs.		
<i>F</i>		<i>W</i>		<i>Jan. 23, 1874</i>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)			
<i>House work</i>		<i>own home</i>		<i>Maryland</i>			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?			
<i>John Albert Eaves</i>		<i>Mary Jane Morgan</i>		<i>USA</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT			
<i>No</i>				<i>Mrs Clara Litman, Walkersville, Md.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Address					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		<i>Bronchial pneumonia</i>					
422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first.		<i>Arteriosclerotic CVD</i>					
(b) DUE TO		<i>10 years</i>					
(c)							
INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)			
19				<i>Walkersville, Md</i>			
21. I certify that I attended the deceased from <i>1 Nov</i> , 1955, to <i>19 MAY</i> , 1956, that I last saw the deceased alive on <i>19 MAY</i> , 1956, and that death occurred at <i>9:30 PM</i> , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>Walkersville, Md</i>					
ACTUAL SIGNATURE <i>James E. Stoner Jr</i>		DATE SIGNED <i>21 May 56</i>					
PHYSICIAN'S NAME (Type) <i>JAMES E. STONER, Jr</i>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>5/21/56</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Chapel cemetery</i>		22d. LOCATION (City, town, or county) <i>Mr. Liberty Town, Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. L. Barton, Walkersville, Md.</i>		ADDRESS <i>ADDRESS</i>		24a. REC'D BY REGISTRAR <i>Elizabeth G. Heck</i>		24b. REGISTRAR'S SIGNATURE	
				DATE <i>22 May 1956</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

131

CERTIFICATE OF DEATH

BUREAU V. S.

MAY 23 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05098
Reg. Dist. No. 131

Item 20 Film G198 6-0-50 AM

1. PLACE OF DEATH a. COUNTY Frederick		5126 MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#2		c. LENGTH OF STAY IN lb 4 Months		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#2		d. STREET ADDRESS Grove Road		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Grove Road						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)	First LINDA	Middle CLARISSA	Last COLLINS	4. DATE OF DEATH	May 23,	Month May	Day 23	Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 14 Dec 1955	9. AGE (In years last birthday) 5 yrs.	IF UNDER 1 YEAR 5 months	IF UNDER 24 HRS. 9 days	Hours 0 hours	Min. 0 min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Buster R. Collins			14. MOTHER'S MAIDEN NAME Nellie May Sexton					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None		17. INFORMANT Buster R. Collins (Same as item #2)		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Pulmonary Edema 924.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Strangulation (accidental) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Baby lying on abdomen, head caught between pillow & head of bed.						
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year May 23 1956	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (farm)	20f. (City or town) Frederick RD #2,	(County) Md.	(State)		
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .								
ACTUAL SIGNATURE EXAMINER'S NAME (Type) B. O. Thomas, M. D.	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				DATE SIGNED 24 May 1956			
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal	22b. DATE THEREOF 24 May 1956	22c. NAME OF CEMETERY OR CREMATORIUM		22d. LOCATION (City, town, or county) Jonesville, Virginia		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland			ADDRESS	24a. REC'D BY REGISTRAR Elizabethe Y. Heck	DATE 24 May 1956	24b. REGISTRAR'S SIGNATURE		

1 MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any entry is necessary, please execute it in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

2 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial or removal.

WEDUCAL EXAMINER'S CERTIFICATE OF DEATH
WISCONSIN STATE MEDICAL EXAMINER'S OFFICE

BUREAU A. S.

MAY 28 1956

REGELIV ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5102

CERTIFICATE OF DEATH

05099
Reg. Dist. No. 31

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Carroll</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b <i>1770</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Woodbine</i>		d. STREET ADDRESS <i>Route #1</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick Memorial</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>Walter</i>		First <i>E.</i>	Middle <i>Conaway</i>	Last <i>Conaway</i>	4. DATE OF DEATH <i>5/30/1956</i>	Month <i>5</i>	Day <i>30</i>	Year <i>1956</i>	
S. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11/24/1877</i>	9. AGE (In years lost birthday) yrs. <i>78</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>	Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter -retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>general</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13. FATHER'S NAME <i>Reuben Conaway</i>		14. MOTHER'S MAIDEN NAME <i>Mary ?</i>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Mr. Brice Conaway, Woodbine, Md.</i>		Address			
<p>18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]</p> <p>PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Infarction of Brain</i> DUE TO <i>332X</i> INTERVAL BETWEEN ONSET AND DEATH 1 mo.</p> <p>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Thrombosis of cerebral artery</i> 1 mo.</p> <p>DUE TO (c) <i>Anteriorclerosis, generalized</i> 10 yrs +</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)</p>									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>4 E Church St</i>		20f. (City or town) <i>Frederick</i>		(County) <i>Maryland</i>	(State) <i>Md.</i>
21. I certify that I attended the deceased from <i>5/15</i> , 19 <i>56</i> , to <i>5/30</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>5/30</i> , 19 <i>56</i> , and that death occurred at <i>4 E Church St</i> , Frederick, Maryland, from the causes and on the date stated above.									
ACTUAL SIGNATURE <i>Henry V. Chase</i>		ADDRESS (Street, city or town, state) <i>4 E Church St</i>							DATE SIGNED <i>5/30/56</i>
PHYSICIAN'S NAME (Type) <i>Henry V. Chase</i>		ADDRESS <i>Winfield Church Of God</i>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		22b. DATE THEREOF <i>6-2-1956</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Winfield Church Of God</i>		22d. LOCATION (City, town, or county) <i>Carroll Co., Md.</i>			(State) <i>Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>S. M. Waltz</i>		ADDRESS <i>Winfield, Md.</i>		24a. REC'D BY REGISTRAR <i>Elizabeth G. Heib</i>		24b. REGISTRAR'S SIGNATURE			
				DATE <i>2 June 1956</i>					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

131

CERTIFICATE OF SERVICE

BUREAU V. S.

JUN 5 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05100
131

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Hour		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 315 East Patrick Street			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				d. STREET ADDRESS 315 East Patrick Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) ANNIE		First	Middle	Last	4. DATE OF DEATH May 29	Month	Day	Year	
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 31, 1895	9. AGE (In years last birthday) 01 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Tailoring Co.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Charles A. Fogle		14. MOTHER'S MAIDEN NAME Ida White							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-03-1148		17. INFORMANT Mrs. Hannah M. Keeney, 14 Frederick Avenue, Frederick, Maryland		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive cardio-vascular disease DUE TO 170x Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) (with Pulmonary oedema). DUE TO (c) Carcinoma breast, right						INTERVAL BETWEEN ONSET AND DEATH 5 years (12 hours)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Frederick		(County)	(State)
21. I certify that I attended the deceased from May 29 , 1955, to May 29 , 1956, that I last saw the deceased alive on May 29 , 1956, and that death occurred at 11:30 AM , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Bernard O. Thomas Jr., M.D., Frederick, Md.							
ACTUAL SIGNATURE Bernard O. Thomas Jr.		DATE SIGNED May 29, 1956							
PHYSICIAN'S NAME (Type) Bernard O. Thomas Jr.		Frederick, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 31, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Union Chapel Cemetery		22d. LOCATION (City, town, or county) Frederick County, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS Elizabethtown		24a. REC'D BY REGISTRAR Elizabeth G. Heub		24b. REGISTRAR'S SIGNATURE			
		DATE 31 May 1956							

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death.
 may be removed by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE CITY

CERTIFICATE OF DEATH

BUREAU V.

JUN 1 1956

REGISTRATION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05101

5104

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 5 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 24 South Market Street		d. STREET ADDRESS 24 South Market Street	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) CECILIA		First MARION	Middle DAVIS
4. DATE OF DEATH May 12 1956	Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 27, 1875
9. AGE (In years last birthday) 81 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Edna F. McClellen - 24 S. Market Street		Address Frederick, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 20 yrs.	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White Nat white at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. DATE SIGNED			
PHYSICIAN'S NAME (Type) Dr. H. F. Kline		7 N. Market Street - Frederick, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 14, 1956	
22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE C E Kline & Sons		24a. REC'D BY REGISTRAR DATE 14 May 1956	
		24b. REGISTRAR'S SIGNATURE Elizabeth S. Heck	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be refiled by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the Burial-Traint Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MICHIGAN STATE DEPARTMENT OF HEALTH - MARINING 18

CERTIFICATE OF DEATH

121

NAME

ADDRESS

CITY

STATE

ZIP

DEATH

REASON

FBI BUREAU

MAY 15 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5105

CERTIFICATE OF DEATH

05102

Reg. Dist. No.

131

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Montgomery</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b <i>3 DAYS</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Clarksburg Route #1</i>		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick Memorial Hos</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>Lloyd</i>		First <i>L</i>	Middle <i>C</i>	Last <i>D</i>	4. DATE OF DEATH <i>5</i>	Month <i>5</i>	Day <i>6</i>	Year <i>1956</i>
S. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4/7/1889</i>	9. AGE (In years last birthday) <i>67 yrs.</i>	IF UNDER 1 YEAR Months <i>6</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>	Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Day Work</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S. A.</i>		
13. FATHER'S NAME <i>Joseph Day</i>				14. MOTHER'S MAIDEN NAME <i>Eliza Gibbs</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>#</i>		16. SOCIAL SECURITY NO. <i>##</i>		17. INFORMANT <i>Hospital</i>		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Infarction</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Cerebral Arteriosclerosis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>=</i>						
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from <i>5/4</i> , 19 <i>56</i> , to <i>5/6</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>5/6</i> , 19 <i>56</i> , and that death occurred at <i>4:00 P.M.</i> , from the causes and on the date stated above.								
ADDRESS (Street, city or town, state) <i>4 E. Church St. Frederick MD</i>								
DATE SIGNED <i>5/6/56</i>								
ACTUAL SIGNATURE <i>Henry V Chase</i>		PHYSICIAN'S NAME (Type) <i>Henry V. Chase</i>						
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>May 9 1956</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Rocky Hill</i>		22d. LOCATION (City, town, or county) (State) <i>Clarksburg Maryland</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Roy W Barber</i>		ADDRESS <i>Laytonsville, Md.</i>		24a. REC'D BY REGISTRAR DATE <i>9 May 1956</i>		24b. REGISTRAR'S SIGNATURE <i>Elizabeth S. Heck</i>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be referred to by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

131

CERTIFICATE OF DEATH

NAME	ADDRESS	AGE	SEX	CAUSE OF DEATH
John Doe	123 Main Street	50	M	Heart Disease
Died at home on May 10, 1956.				
Burden V. S.				
MAY 10 1956				
RECEIVED				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5127

CERTIFICATE OF DEATH

Reg. Dist. No.

05103

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Froderick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont, Md. Rural		c. LENGTH OF STAY IN lb 25 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont, Md.		d. STREET ADDRESS Rt. #2		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Frank		First	Middle	Lost	4. DATE OF DEATH May. 9, 1956	Month	Day	Year
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 11, 1889	9. AGE (In years lost birthday) 66 yrs.	IF UNDER 1 YEAR 5	IF UNDER 24 HRS. 26	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rubber Worker		10b. KIND OF BUSINESS OR INDUSTRY Blue Ridge Rubber Co.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John William DeBerry		14. MOTHER'S MAIDEN NAME Sophia Martin DeBerry						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 213-18-0683		17. INFORMANT Vallie I. DeBerry		Address Thurmont, Md. RFD		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 223X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)		meningioma, left fronto-parietal area				INTERVAL BETWEEN ONSET AND DEATH 8 yrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from May 4, 1956 , to May 7, 1956 , that I last saw the deceased alive on May 7, 1956 , and that death occurred at 8:40 PM , from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Thurmont Md.		
ACTUAL SIGNATURE M. Franklin Birely						DATE SIGNED 5/8/56		
PHYSICIAN'S NAME (Type) Mr. M. Franklin Birely		Thurmont, Md.						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 5/10/56		22c. NAME OF CEMETERY OR CREMATORIUM Blue Ridge Cemetery		22d. LOCATION (City, town, or county) Thurmont, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE Raymond C. Preziosi Thurmont		ADDRESS MAPS 159 1955		24a. REC'D BY REGISTRAR 1. H. Frederick		24b. REGISTRAR'S SIGNATURE		

BUREAU V. S.

MAY 9 1956

REFUGEE ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05104

131

CERTIFICATE OF DEATH

Reg. Dist. No.

5106

TO HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. Page 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed in by the funeral director or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed in by the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY FREDERICK		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		b. COUNTY FREDERICK	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BRUNSWICK		d. STREET ADDRESS 819 East Potomac	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FREDERICK MEMORIAL HOSPITAL				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Fred	Middle Hodges	Last Dillow	4. DATE OF DEATH Month 5	Day 1	Year 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 15 1906	AGE (In years at birthday) 49 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Hours 0	IF UNDER 24 HRS. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction		10b. KIND OF BUSINESS OR INDUSTRY Building roads		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Dillow		14. MOTHER'S MAIDEN NAME Martha Cage					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-09-7661		17. INFORMANT Mrs. Bessie Forrest		Address Brunswick, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of right lung with metastases to brain, vertebra and lumbar spine. DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (b) 6 months DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from May 8 , 1956, to May 11 , 1956, that I last saw the deceased alive on May 10 , 1956, and that death occurred at 1:30 A.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE Robert S. Turner, Jr. M.D. ADDRESS (Street, city or town, state) 7 East Church St. Frederick, Md. DATE SIGNED 5-12-56							
PHYSICIAN'S NAME (Type) ROBERT S. TURNER, JR.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 5-13-1956		22c. NAME OF CEMETERY OR CREMATORIAL Park Heights		22d. LOCATION (City, town, or county) Brunswick, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE B. Lee Feels		ADDRESS Brunswick, Maryland		24a. REC'D BY REGISTRAR DATE Sept 6		24b. REGISTRAR'S SIGNATURE Ely G. Heck	

MANUFACTURED STATE OBSERVATION OF HAZARD - CALIFORNIA

CERTIFICATE OF DEATH

NAME

DECEASED

NAME
MATERIAL

DECEASED

BUREAU V. S.

MAY 15 1956

RECEIVED

TO MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any part is necessary, please execute it on the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5107 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05105

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb 2 Weeks	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 226 East Patrick Street		e. STREET ADDRESS Near Thurmont	
3. NAME OF DECEASED (Type or print) Newton		First EDWARD	Middle EILER
4. DATE OF DEATH May 5, 1956	Last L	Month May	Day 5
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH October 16, 1895
9. AGE (In years last birthday) 60 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Construction Company	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Owen Eiler		14. MOTHER'S MAIDEN NAME Nettie Six	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes <input checked="" type="checkbox"/> WWI		16. SOCIAL SECURITY NO. 217-10-9688	
17. INFORMANT Mrs. Alice G. Eiler, RD#1, Thurmont, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Posterior Myocardial Infarct			
420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arterio-sclerosis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>B. O. Thomas</i>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 8 May 1956
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 9 May 1956	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	22d. LOCATION (City, town, or county) Frederick, Maryland (State)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS	
		24a. REC'D BY REGISTRAR Elizabeth G. Heck	24b. REGISTRAR'S SIGNATURE
		DATE 9 May 1956	

MISSOURI STATE DEPARTMENT OF HEALTH - SALINAS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

RECEIVED
MAY 10 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5128

CERTIFICATE OF DEATH

05106

Reg. Dist. No.

131

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Frederick</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Walkersville</i>		c. LENGTH OF STAY IN lb <i>33 yrs.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural, Walkersville</i>		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>GRAYSON</i>		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
S. SEX <i>m</i>		6. COLOR OR RACE <i>w</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>July 16, 1875</i>	9. AGE (In years last birthday) <i>80 yrs.</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>truck farm</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Edward Eyer</i>		14. MOTHER'S MAIDEN NAME <i>Mary Catherine Ditterman</i>		Address				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT		INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		DUE TO <i>Carcinoma of lung</i>		Mrs. Annie Eyer, Walkersville, Md.		<i>23 yrs +</i>		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. } (b)		DUE TO <i>metastasis into brain</i>				<i>2 months</i>		
(c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <i>Frederick</i> (County) <i>Md.</i> (State) <i>Md.</i>		
21. I certify that I attended the deceased from <i>Jan 20, 1953</i> , to <i>May 2, 1956</i> , that I last saw the deceased alive on <i>Jan 20, 1956</i> , and that death occurred at <i>9A M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>P. O. Thomas</i>		ADDRESS (Street, city or town, state) <i>Frederick, Md.</i>		DATE SIGNED <i>May 4-56</i>				
PHYSICIAN'S NAME (Type) <i>DR. P. O. THOMAS, SR.</i>								
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>5/5/56</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Glade Cemetery</i>		22d. LOCATION (City, town, or county) <i>Walkersville</i> (State) <i>Md.</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. C. Barton, Walkersville, Md.</i>		ADDRESS		24a. REC'D BY REGISTRAR <i>Elizabeth B. Hecks</i>		24b. REGISTRAR'S SIGNATURE		
				DATE <i>5 May 1956</i>				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be re-used by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE DEPARTMENT OF AGED - RECEIVED

191

CERTIFICATE OF DEATH

RECEIVED

BUREAU Y. S.

MAY 7 1952

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5108

CERTIFICATE OF DEATH

05107
13

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Md		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 2 weeks		c. NEAREST TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5 Pines Nursing Home				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Orpha	Middle Olivia	Last FISHER	4. DATE OF DEATH May. 21.	Month May.	Day 21.	Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH widowed <input type="checkbox"/> DIVORCED <input type="checkbox"/> Dec. 26. 1868	9. AGE (In years last birthday) 87 yrs.	IF UNDER 1 YEAR Months 87	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Frederick Co., Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Wilhide				14. MOTHER'S MAIDEN NAME Susan Blessing				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Newton I. Fisher		Address Thurmont MD		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho - pneumonia DUE TO 491X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) _____								
INTERVAL BETWEEN ONSET AND DEATH 7 days								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Generalized arteriosclerosis. Pyelitis + cystitis, chronic								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from May 18 , 19 56 , to May 18 , 19 56 , that I last saw the deceased alive on May 18 , 19 56 , and that death occurred at 5:45 A.M. from the causes and on the date stated above. ACTUAL SIGNATURE: Robert S. Turner, Jr. M.D. ADDRESS (Street, city or town, state) 7 E. Church St., Frederick DATE SIGNED 5-21-56								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 23, 1956		22c. NAME OF CEMETERY OR CREMATORIUM U.B.Cemetery		22d. LOCATION (City, town, or county) Thurmont (State) Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE Raymond & Clegg Thurmont MD		ADDRESS Thurmont		24a. REC'D BY REGISTRAR DATE 23 May 1956		24b. REGISTRAR'S SIGNATURE Elizabeth S. Heck		

131

CERTIFICATE OF DEATH

BUREAU V. S.

MAY 24 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05108

5109

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b <i>2 weeks</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) 99 INSTITUTION <i>Frederick Memorial Hospital</i>		e. STREET ADDRESS <i>Libertytown Main St.</i>	
3. NAME OF DECEASED (Type or print) <i>Dr. John Fogle</i>		First <i>J</i>	Middle <i>A</i>
4. DATE OF DEATH <i>May 24</i>		Month <i>May</i>	Day <i>24</i>
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH <i>March 14-1882</i>		9. AGE (In years, months, days, and birth month and year) <i>74 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. IF UNDER 24 HRS. Days <i>0</i>	13. IF UNDER 24 HRS. Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEKEEPER</i>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Edward Noonan</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Riordan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>46-61-1111</i>	
17. INFORMANT <i>Norman Fogle, Alney, Md</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.0</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) (c)		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Acute Coronary Thrombosis Gastrointestinal Heart Disease</i>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>—</i>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>May 14 1956</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> <i>—</i>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>—</i>		20f. (City or town) (County) (State) <i>Frederick, Md</i>	
21. I certify that I attended the deceased from <i>May 14</i> , 1956, to <i>May 24</i> , 1956, that I last saw the deceased alive on <i>May 14</i> , 1956, and that death occurred at <i>7:50 P.M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>P. A. Pearce</i>		ADDRESS (Street, city or town, state) <i>Frederick, Md</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>May 27, 1956</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>St. Peter's</i>		22d. LOCATION (City, town, or county) <i>Libertytown Md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>W. Hartman & Sons</i>		24a. REC'D BY REGISTRAR DATE <i>29 May 1956</i>	
ADDRESS <i>Libertytown, Md</i>		24b. REGISTRAR'S SIGNATURE <i>Elizabeth W. Heck</i>	

TO HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be relied on by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH - CALIFORNIA

CERTIFICATE OF DEATH

RECEIVED

BUREAU V. S.

MAY 31 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5129

CERTIFICATE OF DEATH

05109

Reg. Dist. No

1. PLACE OF DEATH a. COUNTY Frederick			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Emmitsburg, Md.			c. LENGTH OF STAY IN 1b d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS R.D.# 3				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.D.# 3			e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) William Albert Frailey		First William	Middle Albert	Last Frailey	4. DATE OF DEATH May 28, 1956		
S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1892	9. AGE (In years last birthday) 63 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY druggist		11. BIRTHPLACE (State or foreign country) Emmitsburg, Md.		12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME Oscar D. Frailey			14. MOTHER'S MAIDEN NAME Clara M. Hoke			Address Emmitsburg, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W W 1		17. INFORMANT Mr. W. A. Frailey			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		DUE TO Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Arteriosclerotic cardiovascular disease		DUE TO Arteriosclerotic cardiovascular disease					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.	Month 19	Day	20d. INJURY OCCURRED White at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Emmitsburg, Md.	(County) Frederick	(State) Maryland
21. I certify that I attended the deceased from June 28, 1956 , to May 28, 1956 , that I last saw the deceased alive on May 28, 1956 , and that death occurred at 580 M. from the causes and on the date stated above.			ADDRESS (Street, city or town, state) Emmitsburg, Md.			DATE SIGNED 5-30-56	
ACTUAL SIGNATURE W. R. Cade		M.D.					
PHYSICIAN'S NAME (Type) Burial		22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 31, 1956		22c. NAME OF CEMETERY OR CREMATORIAL Mt. View	
23. FUNERAL DIRECTOR'S SIGNATURE S. L. Allison		ADDRESS Emmitsburg, Md.		24a. REC'D BY REGISTRAR JUN 1 1956		24b. REGISTRAR'S SIGNATURE J. H. Henrich	

O HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 48 hours after death. It may be signed by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the records prior to burial, cremation, or removal and in any event within 72 hours after death.

MICHIGAN STATE DEPARTMENT OF HEALTH - BUREAU OF

CERTIFICATE OF DEATH

BUREAU V. 2

JUN 1 1956

REGISTRY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05110

5130

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cullen LENGTH OF STAY (in this place) 61 days		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring STREET ADDRESS (If rural give location) 2818 Harris Ave.	
3. NAME OF DECEASED: (Type or Print) Thomas Luther Franklin		4. DATE (Month) OF DEATH: 5 20 1956	
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED / WIDOWED / DIVORCED (Specify) Widowed	8. DATE OF BIRTH: 6/14/1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown		10B. KIND OF BUSINESS OR INDUSTRY: None	
11. BIRTHPLACE (State or foreign country): Georgia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: William Franklin		14. MOTHER'S MAIDEN NAME: Josephine Weitzel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Thomas Luther Franklin 2818 Harris Ave., Silver Spring, Md.			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Pulmonary tuberculosis ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) DUE TO STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3/20/1956, to 5/20/1956, that I last saw the deceased alive on 5/20/56, 1956, and that death occurred at 1:05 AM, from the causes and on the date stated above. SIGNATURE <i>J. K. Lyon</i> ADDRESS DATE SIGNED 5/21/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF May 23, 1956	NAME OF CEMETERY OR CREMATORIAL Mt. Olivet
DATE REC'D BY LOCAL REGISTRAR 5/21/56		LOCATION (City, town, or county) Washington, D. C.	
REGISTRAR'S SIGNATURE <i>J. K. Lyon</i>		24. FUNERAL DIRECTOR Robert A. Pumphrey, Bethesda, Md.	

BUREAU U.S.

MAY 22 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death.
 signed by the hospital or attending physician, and completely filled in by the funeral director.
 After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5110

CERTIFICATE OF DEATH

05111

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland		b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 21		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 128 East Street				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick-Memorial Hospital				e. IS RESIDENCE ON A FARM? / YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Virginia Hackey-Alias - Virginia McBurke		First	Middle	Last	4. DATE OF DEATH Month May 9	Month	Day	Year 1956		
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH April 2, 1894	9. AGE (In years from birth) 62 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Gorcery Store		11. BIRTHPLACE (State or foreign country) Montgomery Co.		12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Samuel Fredericks		14. MOTHER'S MAIDEN NAME LeeEllen McGruder								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT		Address Grace Hoy Carroll 128 East Street Fred. Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 332X		DUE TO Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 weeks						
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)		DUE TO Cerebral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 years						
(c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic Heart Disease										
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) He fell down		20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 18 Apr 1956 , to 9 May 1956 , that I last saw the deceased alive on 9 May 1956 , and that death occurred at 8 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) 4 West 3rd Street Frederick-Maryland										DATE SIGNED 5-11-56
ACTUAL SIGNATURE Thomas E. Stone		M.D.								
PHYSICIAN'S NAME (Type) T.E. Stone										
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 12-56		22c. NAME OF CEMETERY OR CREMATORIAL Eberneezzer		22d. LOCATION (City, town, or county) Centerville-Fred. Co. Md.		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks III Frederick, Md.		ADDRESS		24a. REC'D BY REGISTRAR Elizabeth G. Heck		24b. REGISTRAR'S SIGNATURE				

BUREAU V. S.

MAY 14 1956

REGELY ED

TO MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If only one copy is necessary, please execute it in pencil, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Farm PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										05112				
5131 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										Reg. Dist. No. 131				
1. PLACE OF DEATH a. COUNTY Frederick MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Fred.									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Point Of Rocks			c. LENGTH OF STAY IN 1b 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Maryland			d. STREET ADDRESS 23 West All Saints St.			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First John	Middle Earl	Last Hamilton	4. DATE OF DEATH May 22 1956		Month May	Day 22	Year 1956					
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 28-1913		9. AGE (In years less than birthday) 43 yrs.		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor				10b. KIND OF BUSINESS OR INDUSTRY *****				11. BIRTHPLACE (State or foreign country) Barnesville Montgomery Co.				12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William Hamilton					14. MOTHER'S MAIDEN NAME Daisy Nelson									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 218-10-6147			17. INFORMANT Ida Stewart Gwynn			Address 23 W. All Saints St.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 929.9 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. b) <u>Accidental Drowning</u> DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>											
20c. TIME OF INJURY 6:18 p.m.		Month, Day, Year 5-22 1956	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Frederick		(County) Maryland		(State) MD			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/>														
ACTUAL SIGNATURE <i>B.O.Thomas</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>								DATE SIGNED <i>May 23-56</i>				
EXAMINER'S NAME (Type) B.O.Thomas		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>												
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 5-25-56		22c. NAME OF CEMETERY OR CREMATORIUM Fairview		22d. LOCATION (City, town, or county) Frederick, Maryland								
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks III				ADDRESS Fred. Md.		24a. REC'D BY REGISTRAR DATE 24 May 1956		24b. REGISTRAR'S SIGNATURE Elizabeth S. Hicks						

UNITED STATES GOVERNMENT - FEDERAL BUREAU OF INVESTIGATION
FEDERAL BUREAU OF INVESTIGATION - STATE OF GEORGIA

BUREAU V. S.

MAY 28 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05113

5111

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Carroll</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b <i>2 days</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural--Mt. Airy</i>		d. STREET ADDRESS <i>Mt. Olive</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>69 Frederick Mem. Hospital</i>				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <i>Roscoe A. Henry</i>		First	Middle	Last	4. DATE OF DEATH <i>5</i>	Month	Day	Year <i>3 1956</i>	
S. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>12-15-1907</i>	9. AGE (In years lost birthday) <i>48 yrs.</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>owner</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13. FATHER'S NAME <i>Upton Henry</i>			14. MOTHER'S MAIDEN NAME <i>Effie Fleming</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Mrs. Effie Henry, Mt. Airy, Md.</i>		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>416X Congestive heart failure</i>						INTERVAL BETWEEN ONSET AND DEATH <i>4 mo.</i>			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO		<i>Rheumatic Heart Disease</i>				<i>2 yrs.</i>			
(c)									
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <i>5/1 1956</i> , to <i>5/3 1956</i> , that I last saw the deceased alive on <i>5/3 1956</i> , and that death occurred at <i>12th P.M.</i> from the causes and on the date stated above.								ADDRESS (Street, city or town, state) <i>Henry V Chase M.D.</i>	DATE SIGNED <i>5/3/56</i>
ACTUAL SIGNATURE <i>Henry V Chase M.D.</i>									
PHYSICIAN'S NAME (Type) <i>Henry V. Chase M.D.</i>									
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		22b. DATE THEREOF <i>5-6-1956</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Ebenezer</i>		22d. LOCATION (City, town, or county) (State) <i>Carroll Co., Maryland</i>			
23. FUNERAL DIRECTOR'S SIGNATURE <i>C. M. Waltz</i>		ADDRESS <i>Winfield, Md.</i>		24a. REC'D BY REGISTRAR DATE <i>3 May 1956</i>		24b. REGISTRAR'S SIGNATURE <i>Elizabeth S. Heek</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF HEALTH - BALTIMORE CITY
CERTIFICATE OF DEATH

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BUREAU V.

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RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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05114

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)		
				a. STATE Maryland	b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
Frederick		16 days		Brunswick		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		
Frederick Memorial				20 South Virginia Ave.		
e. IS RESIDENCE ON A FARM? / YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	
Harvey		Agusta	Hoffmaster		Month Day Year	
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH	9. AGE (In years lost birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.	
Male	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	I-20-1901	55	Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		
Town employee		Brunswick		Maryland		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?		
William Thomas Hoffmaster		Annie Mae Badger		U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		
No		705-I4-1368		Mrs. Stella M. Hoffmaster, Brunswick, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Cerebral hemorrhage, left middle cerebral artery				16 days
33IX DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		(b) Hypertension, severe				year.
		(c) Generalized arteriosclerosis				year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I		19. WAS AUTOPSY PERFORMED?				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				YES <input type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
19						
21. I certify that I attended the deceased from May 8, 1956, to May 24, 1956, that I last saw the deceased alive on May 24, 1956, and that death occurred at 10 ²⁰ AM, from the causes and on the date stated above.						ADDRESS (Street, city or town, state)
ACTUAL SIGNATURE Robert S. Turner, Jr. M.D. 7 East Church St. Frederick, Md.						DATE SIGNED
PHYSICIAN'S NAME (Type)						MARYLAND
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORIUM		22d. LOCATION (City, town, or county) (State)
Burial		5-27-1956		Brethren		Brownsville Wash. Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE
B. Lee Geete		Brunswick, Maryland		MAY 29 1956		Ely G. Hecke

TO HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. It may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
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STATE DEPARTMENT OF GENERAL GOVERNMENT
CERTIFICATE OF DEATH

BUREAU V. 2

MAY 29 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05115

5132

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont, Md.		c. LENGTH OF STAY IN 1b 25 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont, Md.		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Robert	Middle 	Lost 	4. DATE OF DEATH Huebener	Month May	Day 18	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 20, 1876	9. AGE (In years lost birthday) 80 yrs.	IF UNDER 1 YEAR Months 	IF UNDER 24 HRS. Days 	Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Moravian Church		11. BIRTHPLACE (State or foreign country) Lititz, Pa.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Mathias Huebener				14. MOTHER'S MAIDEN NAME Mary S. Lichtenhaeler		Address		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 210		17. INFORMANT Mary Grimes Huebener-Thurmont, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 421.4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		Heart disease, chronic valvular				INTERVAL BETWEEN ONSET AND DEATH 10 years		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bronchopneumonia - 1 day						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) No		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) No						
20c. TIME OF INJURY Month, Day, Year Hour a.m. 20 19 p.m. 		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 		20f. (City or town) Thurmont		(County) (State)
21. I certify that I attended the deceased from May 16 , 19 56 , to May 18 , 19 56 , that I last saw the deceased alive on May 17 , 19 56 , and that death occurred at 12 PM , from the causes and on the date stated above. ACTUAL SIGNATURE James K. Gray						ADDRESS (Street, city or town, state) Thurmont, Md.		DATE SIGNED
PHYSICIAN'S NAME (Type) Dr. James K. Gray								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 5/21/56		22c. NAME OF CEMETERY OR CREMATORIUM U.B. Cemetery		22d. LOCATION (City, town, or county) Thurmont, Md.		(State)
23. FUNERAL DIRECTOR'S SIGNATURE Raymond Clegg Thurmont		ADDRESS 		24a. REC'D BY REGISTRAR RAYMOND CLEGG MAY 21 1956		24b. REGISTRAR'S SIGNATURE A. H. Decker		

DEPARTMENT OF HEALTH-EDUCATION-WEAVER

CERTIFICATE OF DEATH

RECEIVED
BUREAU Y. S.
MAY 21 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05116

5113

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 1b Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		d. STREET ADDRESS 500 West South Street e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First ROY	Middle STANLEY	Last HURD
4. DATE OF DEATH	Month May	Day 22,	Year 1956
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 22 Jan 1888
			9. AGE (In years last birthday) yrs. 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Cement Contractor	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Hurd		14. MOTHER'S MAIDEN NAME Jennie Harper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-5246	
17. INFORMANT Mrs. Edith Hurd (Same as item #2)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. _____		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Feb 1956, to May 22 1956, that I last saw the deceased alive on May 20 1956, and that death occurred at 3 A M, from the causes and on the date stated above. ACTUAL SIGNATURE Rex R. Martin M.D. ADDRESS (Street, city or town, state) DATE SIGNED 35 E. Church St., Frederick, Md. 5/24/56			
PHYSICIAN'S NAME (Type) Rex R. Martin, M. D.			
22a. BURIAL, CREMATION, OR OTHER (Specify) Burial		22b. DATE THEREOF 24 May 1956	
22c. NAME OF CEMETERY OR CREMATORIUM Fairview Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE 24 May 1956	
		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Pa. b. COUNTY Adams	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ladiesburg		c. LENGTH OF STAY IN 1b 15 Mo.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gettysburg	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS 316 E. Middle St.	
e. IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					

3. NAME OF DECEASED (Type or print)	First John	Middle Thomas	Last JUNK	4. DATE OF DEATH Month May	Day 29,	Year 19 56
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH Nov. 22, 1880	9. AGE (In years last birthday) 75 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. DAYS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Honey Grove, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	---

13. FATHER'S NAME James Junk	14. MOTHER'S MAIDEN NAME Tillie VanSweargin
--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 209-12-8310	17. INFORMANT Mrs Ruth Junk, 316 E. Middle St., Gettysburg, Pa.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Hypostatic pneumonia DUE TO (c) Chronic myocarditis DUE TO Arteriosclerosis	?
	?
	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)

21. I certify that I attended the deceased from May 2, 1956 , to May 29, 1956 , that I last saw the deceased alive on May 29, 1956 , and that death occurred at 4:00 P.M. , from the causes and on the date stated above.

ACTUAL SIGNATURE M. Franklin Birle	M.D.	ADDRESS (Street, city or town, state) Thurmont Rd.	DATE SIGNED 5/30/56
--	------	--	-------------------------------

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 6/1/56	22c. NAME OF CEMETERY OR CREMATORIUM Evergreen Cemetery	22d. LOCATION (City, town, or county) Gettysburg, Adams Co., Pa.
23. FUNERAL DIRECTOR'S SIGNATURE Winton Bender	ADDRESS Gettysburg, Pa.	24a. REC'D BY REGISTRAR May 56	24b. REGISTRAR'S SIGNATURE Z. C. Powell

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death: Page 4
 may be signed by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF HEALTH-EVOLUTION

CERTIFICATE OF DEATH

BUREAU V

JUN 5 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5123

CERTIFICATE OF DEATH

05118
49

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	
Frederick MARYLAND		Maryland b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 415 Brunswick Street		d. STREET ADDRESS 415 Brunswick Street	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Mary	Middle Catharine	Last Kaetzel
4. DATE OF DEATH	Month May	Day 19	Year 1956
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH
Female	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	June 28 1871
9. AGE (In years last birthday) 84 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles William Fry		14. MOTHER'S MAIDEN NAME Mary Margaret Goodman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. <input type="text"/> 17. INFORMANT Mr. John W. Kaetzel	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Address Brunswick, Maryland	
794 X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
(c) DUE TO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Sugt</u> , 1949, to <u>5-19-1956</u> that I last saw the deceased alive on <u>5-19-1956</u> , and that death occurred at <u>7:05 PM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E. L. Felt</u>		ADDRESS (Street, city or town, state) <u>Brunswick, MD</u> DATE SIGNED <u>5-21-56</u>	
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 5-21-1956	
22c. NAME OF CEMETERY OR CREMATORIAL Reformed		22d. LOCATION (City, town, or county) Knoxville (State) Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Felt</u>		ADDRESS Brunswick, Maryland	
24a. REC'D BY REGISTRAR DATE 5/23/56		24b. REGISTRAR'S SIGNATURE <u>Eugene Burke</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours after death. It may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be detached for use as the burial-travel permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

Page 4

VS A15 (4)
15M 9/55

DEPARTMENT OF STATE DOCUMENTS - SALVATION ARMY

CERTIFICATE OF DEATH

BUREAU A. S.

MAY 23 1956

KELLOGG

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05119

5134

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Nr. Frederick		c. LENGTH OF STAY IN 1b 35 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Rt. 4 - Frederick,		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First JAMES	Middle OTIS	Last KING	4. DATE OF DEATH	Month May	Day 2	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH July 2, 1872	9. AGE (In years lost birthday) 83 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman		10b. KIND OF BUSINESS OR INDUSTRY Dairy		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME James H. King		14. MOTHER'S MAIDEN NAME Mary Essex						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-32-5383		17. INFORMANT Mr. Carlton T. King - Rt. 4 - Frederick, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 420.1		<i>Coronary Thrombosis</i>				INTERVAL BETWEEN ONSET AND DEATH 15 minutes		
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.		(b) DUE TO _____						
		(c) DUE TO _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)						
20c. TIME OF INJURY Hour o. p.m.	Month 19	Day 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Frederick	(County) Md.	(State) Maryland	
21. I certify that I attended the deceased from June , 1950, to May 2 , 1956, that I last saw the deceased alive on May 1 , 1956, and that death occurred at 3:30 AM , from the causes and on the date stated above.								
ACTUAL SIGNATURE <i>B. Thomas</i>		ADDRESS (Street, city or town, state) Frederick Md.		DATE SIGNED May 4-56				
PHYSICIAN'S NAME (Type) Dr. B.O.Thomas-Sr.		Professional Bldg.-Frederick-Md.						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF May 4, 1956	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	22d. LOCATION (City, town, or county) Frederick		(State) Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE <i>C. E. Cline & Son - Frederick - Md.</i>		ADDRESS	24a. REC'D BY REGISTRAR Eligible G. Hess		24b. REGISTRAR'S SIGNATURE			

13

CERTIFICATE OF DEATH

BUREAU Y. S.

MAY 7, 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05120

5135

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH a. COUNTY FREDERICK WASHINGT. D.C.		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY FREDERICK	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - BRADDOCK		c. LENGTH OF STAY IN 1b 4 YEARS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL BRADDOCK	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FREDERICK R.S.		d. STREET ADDRESS +FREDERICK MD. R.S.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First SILAS	Middle DANIEL	Last KUHN SR.	4. DATE OF DEATH Month MAY Day 6 Year 1956	
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH MARCH 6-1901	9. AGE (In years last birthday) 55-2-0 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 55 Days 2 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY STATE ROAD COMMISSION		11. BIRTHPLACE (State or foreign country) PONDSVILLE WASH. CO. MD. U.S.A.	
13. FATHER'S NAME SAMUEL KUHN		14. MOTHER'S MAIDEN NAME MARY ELLEN SENSEN BAUGH		12. CITIZEN OF WHAT COUNTRY? Address	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT MRS. BEULAH KUHN FREDERICK MD. R.S.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Intestinal Obstruction DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Carcinoma of bowel with metastasis DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 4 days	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Nat white <input type="checkbox"/> at work <input type="checkbox"/> at park <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 8/11 , 19 55 , to 5/6 , 19 56 , that I last saw the deceased alive on 5/6 , 19 56 , and that death occurred at 11:45 AM from the causes and on the date stated above. ACTUAL SIGNATURE Kenneth C. Henson M.D. ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) Kenneth C. Henson M.D. Middletown DATE SIGNED 5/8/56					
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF MAY 9-1956		22c. NAME OF CEMETERY OR CREMATORIAL BOONSBORO CEMETERY	
22d. LOCATION (City, town, or county) (State)		22e. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		DATE 11 May 1956		Elizabeth L. Heck	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 1 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

131

CERTIFICATE OF DEATH

1953

18

MAILING STATEMENT OF DEATH-SATINONE

BUREAU Y.A.
RECEIVED
MAY 14 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05121

5114

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH

o. COUNTY

Frederick

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Frederick

c. LENGTH OF STAY IN lb

1 day

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

o. STATE

Md

b. COUNTY

Frederick

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Middletown

X

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

d. STREET ADDRESS

Route # 1

e. IS RESIDENCE ON A FARM?

YES NO 3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month

Day

Year

5. SEX

F

6. COLOR OR RACE

W

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

8/27/83

9. AGE (In years
lost birthday)

62 yrs.

10. IF UNDER 1 YEAR

Months

11. IF UNDER 24 HRS.

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laundry worker

10b. KIND OF BUSINESS OR INDUSTRY

laundry

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

u.s.

13. FATHER'S NAME

Enas Rutzahn

14. MOTHER'S MADDEN NAME

Alice Buse

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give rank or dates of service)

no

16. SOCIAL SECURITY NO.

219-20-2965

17. INFORMANT

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Acute Pulmonary edema

INTERVAL BETWEEN
ONSET AND DEATH

12 hr.

360 X

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause lost.

DUE TO

(b)

Arteriosclerotic heart Disease

6 mo.

DUE TO

(c)

Diabetes mellitus

10 yr +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour o. m.
p. m.20d. INJURY OCCURRED
While Not while
at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from 5/25, 1956, to 5/26, 1956, that I last saw the deceased alive on 5/25/56, 1956, and that death occurred at 2:30 AM, from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATUREPHYSICIAN'S
NAME (Type)22a. BURIAL, CREMATION,
REMOVAL? (Specify)

Burial

22b. DATE THEREOF

5/28/1956

22c. NAME OF CEMETERY OR CREMATORI

Lachlan Cemetery

22d. LOCATION (City, town, or county)

Middletown, Md.

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Gladhill Co. Middletown, Md.

ADDRESS

24a. REC'D BY REGISTRAR

Elizabeth S. Heck

24b. REGISTRAR'S SIGNATURE

DATE 29 May 1956

13

CERTIFICATE OF DEATH

BUREAU X-2

MAY 31 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5115

CERTIFICATE OF DEATH

05122

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 231 East Church Street		d. STREET ADDRESS 231 East Church Street	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) BESSIE EADER		First	Middle
4. DATE OF DEATH		Last	Month
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/>
8. DATE OF BIRTH		9. AGE (In years last birthday) yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Peter Mantz Eader		14. MOTHER'S MAIDEN NAME Sidney Ann Bruchey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Bessie M. Shinnick, Frederick, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH 1 year	
794X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from June 1, 1955, to May 10, 1956, that I last saw the deceased alive on May 10, 1956, and that death occurred at 7 A M, from the causes and on the date stated above. ACTUAL SIGNATURE Rex R. Martin, M.D. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) M.D. 35 E. Church St., Frederick, Md. 5/11/56			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 14 May 1956	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery
22d. LOCATION (City, town, or county) Frederick, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS	24a. REC'D BY REGISTRAR DATE 11 May 1956
			24b. REGISTRAR'S SIGNATURE Elizabeth H. Heck

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove remains. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CHARLES W. GIBSON
STATE DEPARTMENT OF HEALTH—BALTIMORE, MD

CERTIFICATE OF DEATH

WILLIAM

BUREAU V. E.

NY 15 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05123

Reg. Dist. No.

TO DEATH MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any certificate is necessary, please execute it in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY		5136 <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE		Maryland		b. COUNTY		<i>Frederick</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Emmitsburg Rd #1		d. STREET ADDRESS					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print)		First <i>John Michael Manning</i>		Middle		Last		4. DATE OF DEATH		Month <i>May</i>		Day <i>5</i>		Year <i>1956</i>	
5. SEX		6. COLOR OR RACE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
Male		White				May 3-1885		71 yrs.		Months		Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?									
<i>Labourer</i>				<i>Pa.</i>		<i>U.S.</i>									
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME													
<i>Jacob Manning</i>		<i>Mary Jane Smith</i>													
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT											
NO		213-18-0723		<i>Mary Allen Manning</i>		<i>Emmitsburg Rd #1</i>									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]														INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		CONARY THROMBOSIS.												1 hour	
420.1															
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.		(b)													
		DUE TO													
		(c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)														19. WAS AUTOPSY PERFORMED?	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)												YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)							
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .															
ACTUAL SIGNATURE <i>B. O. Thomas</i>						M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>								DATE SIGNED <i>May 5-1956</i>	
EXAMINER'S NAME (Type) <i>B. O. Thomas</i>						ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>									
22o. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>May 8-56</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Bethel Cemetery</i>		22d. LOCATION (City, town, or county) (State) <i>Washington Co. Md.</i>									
23. FUNERAL DIRECTOR'S SIGNATURE <i>S. L. Allison</i>		ADDRESS <i>Emmitsburg, Md.</i>		24a. REC'D BY REGISTRAR <i>MAY 8 1956</i>		24b. REGISTRAR'S SIGNATURE <i>A. H. Hendrichs</i>									
S. L. Allison															

MISSOURI STATE GOVERNMENT OF HEALTH - KANSAS CITY

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU

MAY 8 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05124

5137

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Dale		c. LENGTH OF STAY IN 1b 25 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Dale		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Charles	Middle Thomas	Last Marshall	4. DATE OF DEATH May. 27, 1956	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/>	B. DATE OF BIRTH June 23, 1873	9. AGE (In years lost birthday) 82 yrs.	IF UNDER 1 YEAR 82 months	IF UNDER 24 HRS. 82 days	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Rented farms		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Thomas Marshall		14. MOTHER'S MAIDEN NAME Jane R. Bowers						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 212-24-6876		17. INFORMANT Jesse R. Marshall - Thurmont, Md. R#1		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		Heart disease Myocardial ischemia				INTERVAL BETWEEN ONSET AND DEATH 7 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)		Arteriosclerosis, Coronary Type				6 mos.		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) No		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) No				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) M.D.		20f. (City or town) Thurmont - Md.		(County) Thurmont (State) Md.
21. I certify that I attended the deceased from May 20, 1956 , to May 27, 1956 , that I last saw the deceased alive on May 26, 1956 , and that death occurred at 4:30 AM , from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Thurmont - Md.		DATE SIGNED May 28, 1956
ACTUAL SIGNATURE James K. Gray								
PHYSICIAN'S NAME (Type) James K. Gray								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 5/30/56		22c. NAME OF CEMETERY OR CREMATORIUM Lewistown Cemetery		22d. LOCATION (City, town, or county) Lewistown, Md.		(State) Md.
23. FUNERAL DIRECTOR'S SIGNATURE Raymond G. Gray		ADDRESS Thurmont, Md.		24a. REC'D BY REGISTRAR June 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

131

WISCONSIN STATE DEPARTMENT OF HEALTH - SANITATION

CERTIFICATE OF DEATH

NAME	ADDRESS	AGE	SEX	DEATH DATE	CAUSE OF DEATH	DEATH CERTIFICATE NO.
John Doe	123 Main Street, Anytown, WI	50	M	1956	Heart Disease	1234567890
This certificate is issued under the authority of the State of Wisconsin.						
BUREAU V. S.						
JUN 4 1956						
RECEIVED						

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

05125
139

5138 CERTIFICATE OF DEATH

Reg. Dist. No. 139.....

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cullen		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.		STREET ADDRESS 4905 Hampden Lane	
3. NAME OF DECEASED: (Type or Print) Laura		(If rural give location)	
4. DATE (Month) OF DEATH: 5 3 1956		(Day) (Year)	
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED (Specify) Widow	8. DATE OF BIRTH: 7/9/1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse		10B. KIND OF BUSINESS OR INDUSTRY: Nurse	
13. FATHER'S NAME: S. S. Bridgers		11. BIRTHPLACE (State or foreign country): Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Mrs. Laura McMahon 4905 Hampden Lane, Bethesda, Md.	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 002X			
IMMEDIATE CAUSE Pulmonary tuberculosis			
ANTECEDENT CAUSE (S) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X			
18. MEDICAL CERTIFICATION II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/14 , 1955 to 5/31 , 1956, that I last saw the deceased alive on 5/31 , 1956, and that death occurred at 6:30 AM , from the causes and on the date stated above. SIGNATURE <i>J. K. Lyon</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF May 7, 1956	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Blandford & Dinwiddie Co. Va.		(State) Petersburg, Va.	
DATE REC'D BY LOCAL REGISTRAR 5/31/56		REGISTRAR'S SIGNATURE <i>J. K. Lyon</i>	
24. FUNERAL DIRECTOR ADDRESS Robert A. Pumphrey, Bethesda, Md.			

BUREAU V.

MAY 7 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05126

CERTIFICATE OF DEATH

5139

Reg. Dist. No. 141

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Frederick		MARYLAND		STATE West Va. COUNTY Jefferson	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Brunswick (Rural)		LENGTH OF STAY (In this place) 1 year		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bakerton (Rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosemont		STREET ADDRESS Old Furnace Road		(If rural give location)	
3. NAME OF DECEASED (Type of Print) GARLAND			4. DATE (Month) (Day) (Year) May 5, 1956		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan. 21, 1879	9. AGE last birthday 77 yrs.	IF UNDER 1 YEAR Months 3
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Gen. Farm	11. BIRTHPLACE (State or foreign country) Jefferson County, W.Va.	
13. FATHER'S NAME George White Mohler			14. MOTHER'S MAIDEN NAME Henrietta Harwood		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Mr. Harwood Watson Rosemont, Brunswick, Md.		
18. MEDICAL CERTIFICATION					
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>IMMEDIATE CAUSE (A) <i>Edsonay & Brunswick</i></p> <p>ANTECEDENT CAUSE(S) DUE TO <i>Postcardiac</i></p> <p>DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO (C)</p>					
INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from <i>Mar. 1956</i>, to <i>May 5, 1956</i>, that I last saw the deceased alive on <i>Mar. 10, 1956</i>, and that death occurred at <i>11:00 A.M.</i> from the causes and on the date stated above.</p> <p>SIGNATURE <i>R. L. Smith</i> M.D. <i>X - Spangler died 07-6-56</i></p> <p>ADDRESS (Street, city, town, state) <i>Harpers Ferry, West Va.</i></p>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Removal		DATE THEREOF 5/8/56		NAME OF CEMETERY OR CREMATORIUM Elmwood Cemetery	
24. REC'D BY REGISTRAR DATE <i>5-9-56</i>		REGISTRAR'S SIGNATURE <i>Eugenia A. Burdett, Donald Eickler</i>		LOCATION (City, town, or county) Shepherdstown, West Va.	
				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harpers Ferry, West Va.	

BY DIRECTIVE OF THE SECRETARY OF STATE, THIS CERTIFICATE IS

CERTIFICATE OF DATA

BUREAU Y.
RECEIVED
MAY 11 1956

TO MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any question is necessary, please execute the certificate, writing the word "pending", in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

V.S. A15ME(5)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5140 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05127

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Fred.			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Point Of Rocks		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 118 Ice Street			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First Robert	Middle Monroe	Last Monroe	4. DATE OF DEATH May 22	Month May	Day 22	Year 19 56	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 29, 1894		9. AGE (In years (last birthday) 61 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hard Carrier		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) Kempton -Fred. Co. Md.		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Henry Monroe		14. MOTHER'S MAIDEN NAME Caroline Brown							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.I 219-14-9121		17. INFORMANT James Monroe		Address Fountain Mills Fred. Co.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 929.9									
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Accidental Drowning									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year 6:15 p.m. — MAY 22 1956		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .									
ACTUAL SIGNATURE B.O.Thomas		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED May 23-56	
EXAMINER'S NAME (Type) B.O.Thomas									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 5-25-56		22c. NAME OF CEMETERY OR CREMATORIUM Fountain Mills		22d. LOCATION (City, town, or county) Frederick Co. Md.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks III Frederick, Md.		ADDRESS		24a. REC'D BY REGISTRAR May 24 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heek			

13
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V.

MAY 28 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1805128

5141 CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Cullen

LENGTH OF STAY
(In this place)
463 daysHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

04 Victor Cullen State Hosp.

3. NAME OF
DECEASED:
(Type or Print)(First)
Mary(Middle)
Eva(Last)
Morris4. SEX:
F6. COLOR OR
RACE: W7. MARRIED
~~WIDOWED DIVORCED~~
(Specify): Married8. DATE OF BIRTH:
4/20/19009. AGE last birthday
56 yrs.10. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME:

Edward Bradley

14. MOTHER'S MAIDEN NAME:

Joann Linkswiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) No16. SOCIAL SECURITY NO.
None17. INFORMANT & ADDRESS: Mary Eva Morris
Rt. 1, Westernport, Maryland.18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

521X

IMMEDIATE CAUSE

(A)
DUE TO

Chronic pulmonary abscess

INTERVAL BETWEEN
ONSET AND DEATH

5 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B)
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3/1955 to 5/11/1956 that I last saw the deceased

alive on 5/11/1956 and that death occurred 12:35 M. from the causes and on the date stated above.
SIGNATURE *J. B. Mayr*

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
burial

DATE THEREOF

May 14, 1956 Philos

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

Westernport, Md.

DATE REC'D BY LOCAL
REGISTRAR 5/11/56

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Ellsworth S. Boal, Westernport, Md.

BUREAU V. A.

MAY 14 1956

RECEIVED

TO DEATH: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detail is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										05129 181	
1. PLACE OF DEATH a. COUNTY Frederick					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland					Reg. Dist. No.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson-Rural-RD#1					c. LENGTH OF STAY IN lb Years					b. COUNTY Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS Dickerson-Rural-RD#1					e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First WILLIAM	Middle THOMAS	Last MOXLEY	4. DATE OF DEATH May 29,	Month May	Day 29	Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 19, 1872	9. AGE (In years last birthday) 83 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm			10b. KIND OF BUSINESS OR INDUSTRY Farm Owner			11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Thomas Moxley					14. MOTHER'S MAIDEN NAME Annie Riley						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Charles W. Moxley, Dickerson, Maryland		Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Coronary Thrombosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) DUE TO (b) _____ (c) _____										INTERVAL BETWEEN ONSET AND DEATH 1/2 Hour	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .										DATE SIGNED 5/31/1956	
ACTUAL SIGNATURE <i>B. O. Thomas</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>									
EXAMINER'S NAME (Type) Dr. B. O. Thomas Sr.											
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF June 1, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				ADDRESS		24a. REC'D BY REGISTRAR Elizabeth G. Heck		24b. REGISTRAR'S SIGNATURE			
						DATE 31 May 1956					

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF MOTOR VEHICLES
REGISTRATION DIVISION
REGISTRATION CERTIFICATE

REGISTRATION NO.	EXPIRATION DATE	OWNER'S NAME	VEHICLE DESCRIPTION
1234567890	12/2025	J. D. WILSON	1998 FORD MUSTANG
VEHICLE INFORMATION			
MANUFACTURE DATE	VEHICLE IDENTIFICATION NUMBER	STATE OF ORIGIN	TYPE OF VEHICLE
12/2000	1G1ZP38KXJF123456	CA	SEDAN
REGISTRATION INFORMATION			
REGISTRATION NO.	EXPIRATION DATE	OWNER'S NAME	VEHICLE DESCRIPTION
1234567890	12/2025	J. D. WILSON	1998 FORD MUSTANG
INSURANCE INFORMATION			
INSURANCE COMPANY	INSURANCE POLICY NUMBER	EXPIRATION DATE	STATE OF INSURANCE
STATE FARM	1234567890	12/2025	CA
TAX INFORMATION			
TAX NUMBER	EXPIRATION DATE	OWNER'S NAME	VEHICLE DESCRIPTION
1234567890	12/2025	J. D. WILSON	1998 FORD MUSTANG
GENERAL INFORMATION			
VEHICLE USE	VEHICLE CONDITION	VEHICLE LOCATION	VEHICLE CONDITION
PERSONAL USE	GOOD	LOS ANGELES, CA	GOOD
SIGNATURE			
J. D. WILSON			

BUREAU V. 2
REGISTRY
JUN 1 1956

REGISTRATION NO. 1234567890

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05130

5143

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson		c. LENGTH OF STAY IN 1b Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson		d. STREET ADDRESS X		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First GEORGE	Middle ERNEST	Last MYER	4. DATE OF DEATH May 14, 1956	Month May	Day 14	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH November 1, 1876	9. AGE (In years lost birthday) 79 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Sgt. Maj.		10b. KIND OF BUSINESS OR INDUSTRY U. S. M. C.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George E. Myer		14. MOTHER'S MAIDEN NAME Mary E. Donnelly		Address				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> <small>If yes, give war or dates of service)</small> Yes		16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. Ralph M. Culler, Jefferson, Maryland				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1		DUE TO Henry Black		INTERVAL BETWEEN ONSET AND DEATH 7 hr				
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. {		(b) DUE TO Persian Gulf War		12 hr				
		(c) DUE TO Advanced Arteriosclerosis		84-10				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Parkinson's Disease						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED White Not white of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 5143		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from 3/7 , 19 56 to 5/14 , 19 56 that I last saw the deceased alive on 5/13 , 19 56 and that death occurred at 3:00 AM , M, from the causes and on the date stated above. ACTUAL SIGNATURE D. A. T. Brice				ADDRESS (Street, city or town, state)		DATE SIGNED 5/15/1956		
PHYSICIAN'S NAME (Type) Dr. A. T. Brice		M.D.		Jefferson, Maryland				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 16, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, (State) Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 15 May 1956		24b. REGISTRAR'S SIGNATURE Elizabeth L. Herk		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be re-used by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ALABAMA STATE GOVERNMENT OF HERTH - ALABAMA

CERTIFICATE OF DEATH

RECEIVED	SEARCHED	INDEXED	SERIALIZED	FILED
MAY 17 1955				
BUREAU V. S.				
RECEIVED				

TO DEPT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detail is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5144 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										Reg. Dist. No. 131	05131		
1. PLACE OF DEATH a. COUNTY Frederick MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville-RD#1			c. LENGTH OF STAY IN lb 4 Months		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville -Rural-R.D.#1								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Hoffman-Seacrist Road					d. STREET ADDRESS Hoffman-Seacrist Road					e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First WALTER	Middle RAY	Last NEWTON	4. DATE OF DEATH May 24, 1956	Month Day Year							
S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH March 7, 1890	9. AGE (In years last birthday) 66 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Richard T. Newton					14. MOTHER'S MAIDEN NAME Mary F. Kidwell								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. Lonie W. Newton, Walkersville R.D.#1, Md.		Address							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]													
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> INTERVAL BETWEEN ONSET AND DEATH <i>10 minutes</i>													
420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)													
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)													
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)		
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox">.</input>													
ACTUAL SIGNATURE <i>B. O. Thomas</i> DATE SIGNED													
EXAMINER'S NAME (Type) B. O. Thomas Sr. M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>													
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 26, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Lakeview Cemetery		22d. LOCATION (City, town, or county) Hamilton		(State) Virginia					
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland						ADDRESS		24a. REC'D BY REGISTRAR DATE 25 May 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck			

EXAMINER'S CERTIFICATE OF DEATH

BUREAU Y. S.

MAY 23 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5145

CERTIFICATE OF DEATH

05132

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Frederick Rural, Walkersville	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Walkersville (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3 yrs	STREET ADDRESS
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)	
SUSIE ELIZABETH NUSBAUM			
5. SEX	6. COLOR OR RACE	7. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
F	W	married	April 17, 1877
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Housewife		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles Casper Lockner		Annie Elizabeth Frushman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
no		-	
17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
Mrs John Barnes, Walkersville		Coronary thrombosis myocardial infarction Arterosclerotic CVD	
INTERVAL BETWEEN ONSET AND DEATH		5 minutes	
10 years			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420. IMMEDIATE CAUSE (A)		Antecedent cause(s) DUE TO	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last. (B)		Diseases or conditions, if any, giving rise to the above cause stating underlying cause last. (C)	
Arterosclerotic CVD			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from.....		May 1956 to May 1956, that I last saw the deceased	
alive on.....		from the causes and on the date stated above.	
SIGNATURE		ADDRESS (Street, city, town, state)	
23. BURIAL, Cremation, Removal (Specify)		DATE THEREOF	
Burial		NAME OF CEMETERY OR CREMATORIUM	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE	
DATE 1 June 1956		25. FUNERAL DIRECTOR'S SIGNATURE	
		ADDRESS	
		26. LOCATION (City, town, or county)	
		(State)	

131

STATE OF GEORGIA

BUREAU V. S.

JUN 4 1956

RECEIVED

RECEIVED FEB 25 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5146 CERTIFICATE OF DEATH

05133

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Emmitsburg		c. LENGTH OF STAY IN 1b 92 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Emmitsburg, R.D.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Annie		First S. E.	Middle Ohler
Last 		4. DATE OF DEATH May 5,	Month 19 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2, 1862
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Adams Co., Pa.
13. FATHER'S NAME John Baker		14. MOTHER'S MAIDEN NAME Elizabeth J. Flohr	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Russell B. Oly
		Address Emmitsburg, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH minutes	
Coronary occlusion			
420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Generalized Arteriosclerosis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from May 5, 1956 , to May 5, 1956 , that I last saw the deceased alive on 19 , and that death occurred at 4 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Charles R. Williams, M.D. Emmitsburg, Md. DATE SIGNED May 6, 1956			
ACTUAL SIGNATURE Charles R. Williams		PHYSICIAN'S NAME (Type) Charles R. Williams M.D.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 9, 1956	22c. NAME OF CEMETERY OR CREMATORIAL Mt. View
22d. LOCATION (City, town, or county) Emmitsburg, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE S. L. Allison		24a. REC'D BY REGISTRAR 	24b. REGISTRAR'S SIGNATURE H. H. Hendry
ADDRESS Emmitsburg, Md.		DATE MAY 8 1956	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE DEPARTMENT OF HEALTH - BUREAU OF
CERTIFICATE OF DEATH

BUREAU V. S.
RECEIVED
MAY 8 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5147

CERTIFICATE OF DEATH

05134
Reg. Dist. No. 31

1. PLACE OF DEATH o. COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <i>MARYLAND</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Middletown</i>		c. LENGTH OF STAY IN 1b <i>25 yrs.</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i></i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>Harry</i>	Middle <i>F.</i>	Last <i>Palmer</i>
4. DATE OF DEATH	Month <i>5</i>	Day <i>6</i>	Year <i>1956</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-6-1883</i>
9. AGE (In years last birthday) yrs. <i>73</i>	10. IF UNDER 1 YEAR Months <i></i>	11. IF UNDER 24 HRS. Days <i></i>	12. IF UNDER 24 HRS. Hours <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Building Construction</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>Carlton Palmer</i>	14. MOTHER'S MAIDEN NAME <i>Ellen Poffenberger</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>214-14-6556</i>	17. INFORMANT <i>Mrs. Nettie Palmer, Middletown, Md.</i>	Address <i></i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hodgkin's Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>> 7 mos</i>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i></i>		
20c. TIME OF INJURY Hour o. p.m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i></i>	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>Feb 10, 1956</i> , to <i>May 6, 1956</i> , that I last saw the deceased alive on <i>May 3, 1956</i> , and that death occurred at <i>M.</i> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Middletown</i> DATE SIGNED <i>5-7-56</i>			
ACTUAL SIGNATURE <i>J. Elmer Harp</i>	M.D.		
PHYSICIAN'S NAME (Type) <i>J. Elmer HARP</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>5-8-1956</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Lutheran Cemetery</i>	22d. LOCATION (City, town, or county) (State) <i>Middletown, Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>Gladhill C. Middletown, Md.</i>	ADDRESS <i></i>	24a. REC'D BY REGISTRAR DATE <i>9 May 1956</i>	24b. REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, if signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, it may be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

53

WISCONSIN STATE GOVERNMENT OF LEAVENWORTH

CERTIFICATE OF DEATH

545

REGEVIEWED	RECORDED	SERIALIZED	INDEXED	FILED
MAY 10 1956				
BUREAU V. S.				

5148

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cullen		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital		STREET ADDRESS 2211 Winterling County	
3. NAME OF DECEASED: (Type or Print)	(First) Chester	(Middle)	(Last) Rakowski
5. SEX:	6. COLOR OR RACE: M	7. SINCE MARRIED (Specify): Married	8. DATE OF BIRTH: 1/12/1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marble cutter		10B. KIND OF BUSINESS OR INDUSTRY: Marble cutter	
13. FATHER'S NAME: Adolf Rakowski		14. MOTHER'S MAIDEN NAME: Mary Rutkowski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 212-10-1020	
17. INFORMANT & ADDRESS: Chester Rakowski 2211 Winterling Court, Baltimore, Maryland.			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 161X IMMEDIATE CAUSE Carcinoma of larynx ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 002X (A) DUE TO (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary tuberculosis Unknown			
19A. DATE OF OPERATION: 2	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) Unknown (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/14/55 , 19..., to 5/26/56 , 19..., that I last saw the deceased alive on 5/26/56 , 19..., and that death occurred at 3:30 PM , from the causes and on the date stated above. SIGNATURE <i>J. Cullen</i> ADDRESS Cullen, Maryland. DATE SIGNED 5/28/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF May 30, 1956	NAME OF CEMETERY OR CREMATORIUM Holy Rosary Cemetery	LOCATION (City, town, or county) Dundalk, Md. (State)
DATE REC'D 5/28/56	REGISTRAR'S SIGNATURE <i>J. Cullen</i>	24. FUNERAL DIRECTOR John M. Weber, 401 S. Chester, St. Balto. Md.	ADDRESS

BUREAU Y. S.

MAY 29 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C I-5 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5149

CERTIFICATE OF DEATH

05136

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town)		MARYLAND LENGTH OF STAY (in this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY STREET ADDRESS (If rural give location)	
Frederick TOWN Braddock Heights		1 yr		Maryland TOWN		Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vindobona Braddock Heights							
3. NAME OF DECEASED (Type or Print) <i>Mr. George</i>				4. DATE OF DEATH <i>May 20 1956</i>			
5. SEX Male	6. COLOR OR RACE White	7. SPOUSES MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1/29/84	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charley Raa				14. MOTHER'S MAIDEN NAME Mary Richard XXXXXXXXXXXXXX			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes Spanish Amer.				16. SOCIAL SECURITY NO. Wife - Braddock Heights			
17. INFORMANT & ADDRESS				18. MEDICAL CERTIFICATION <i>Congestive Heart Failure</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Cor Pulmonale</i>				INTERVAL BETWEEN ONSET AND DEATH 6 mo			
IMMEDIATE CAUSE <i>Emphysema + Bronchial asthma</i>							
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>Emphysema + Bronchial asthma</i>				DUE TO (A) <i>Congestive Heart Failure</i> (B) <i>Cor Pulmonale</i> (C) <i>Emphysema + Bronchial asthma</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Emphysema + Bronchial asthma</i>							
19a. DATE OF OPERATION <i>None</i>				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
M. at work				21e. HOW DID INJURY OCCUR? While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>Sept. 10, 1955</i> , to <i>May 20, 1956</i> , that I last saw the deceased alive on <i>May 19, 1956</i> , and that death occurred at <i>5:30 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>G. A. Pearce</i> M.D. ADDRESS (Street, city, town, state) <i>Frederick Md.</i> DATE SIGNED <i>5/20/56</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5/22/56		NAME OF CEMETERY OR CREMATORIAL Mt. Olivet		LOCATION (City, town, or county) (State) Frederick, Md.	
24. REC'D BY REGISTRAR DATE 22 May 1956		REGISTRAR'S SIGNATURE <i>Elizabeth L. Heek</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Roy W. Barber Taylorsville Md</i>			

STANDARD FORM NO. 104 - MARCH 1950
U. S. GOVERNMENT PRINTING OFFICE: 1950 12 10

151

REGISTRATION OF DOCUMENTS

SEARCHED..... INDEXED..... SERIALIZED..... FILED.....

BUREAU V.

MAY 23 1956

RECEIVED

SEARCHED..... INDEXED..... SERIALIZED..... FILED.....
MAY 23 1956

05137
131

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5116 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. II institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Urban---Rural		c. LENGTH OF STAY IN 1b 5 yrs		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Urban---Rural		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First Cecil	Middle Layman	Last REED	4. DATE OF DEATH May 11-1956	Month May	Day 11	Year 19	
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/11/1902	9. AGE (In years lost birthday) 53 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter--General building		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Russell C. Reed				14. MOTHER'S MAIDEN NAME Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 579-46-8193		17. INFORMANT Mrs Cecil Reed, Ijamsville-R.F.D.Md		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute mastoiditis						INTERVAL BETWEEN ONSET AND DEATH 2 weeks			
393.0 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO									
(c) DUE TO									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Rheumatic Heart Disease						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 W 3rd St		20f. (City or town) Baltimore, Md		(County) Baltimore	(State) Md
21. I certify that I attended the deceased from 5-2 , 19 52 , to 5-11 , 19 52 , that I last saw the deceased alive on 5-11 , 19 52 , and that death occurred at M , from the causes and on the date stated above. ACTUAL SIGNATURE Thomas E. Stone						ADDRESS (Street, city or town, state) 4 W 3rd St		DATE SIGNED 5-11-56	
PHYSICIAN'S NAME (Type) Thomas E. Stone									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 14-56		22c. NAME OF CEMETERY OR CREMATORIUM Monocacy		22d. LOCATION (City, town, or county) Baltimore, Md		(State) Md	
23. FUNERAL DIRECTOR'S SIGNATURE William B. Hilton, Baltimore		ADDRESS 2007 E. 3rd St		24a. REC'D BY REGISTRAR DATE May 12, '56		24b. REGISTRAR'S SIGNATURE Charles W. Elgin			

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. It may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF STATE DEPARTMENT OF HEALTH-SANITATION 19

CERTIFICATE OF DEATH

Deceased	Marital Status	Sex	Date of Birth	Date of Death
George E. Kelly	Single	Male	Oct. 3	Dec. 15, 1955
Entomological Report				
Accid. or Nat.	Time	Interval		
Accid.	2000 hrs.	X		8 min.
Cause of Death				
Unknown				
Date of Report				
Dec. 15, 1955				

BUREAU V. S

MAY 15 1956

DECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5150

CERTIFICATE OF DEATH

05138

Reg. Dist. No.

131

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md.		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown		c. LENGTH OF STAY IN 1b 50 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Amy	Middle K.	Last Remsberg	4. DATE OF DEATH	Month 5	Day 9	Year 1956
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 12/14/1865	9. AGE (In years lost birthday) 90 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Horatio B. Kefauver				14. MOTHER'S MAIDEN NAME Mary Glessner				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Arthur R. Remsberg, Frederick, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO 4020.1						INTERVAL BETWEEN ONSET AND DEATH 1 hr		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) DUE TO 								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from May 9, 1956 , to May 9, 1956 , that I last saw the deceased alive on May 9, 1956 , and that death occurred at 4:59 AM , from the causes and on the date stated above.								
ACTUAL SIGNATURE J Elmer Harp		ADDRESS (Street, city or town, state) Middletown, Md. DATE SIGNED May 5-56						
PHYSICIAN'S NAME (Type) Dr. J. Elmer Harp		Middletown Md.						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 5/11/ 1956		22c. NAME OF CEMETERY OR CREMATORIUM Reformed Cemetery		22d. LOCATION (City, town, or county) Middletown, Md. (State)		
23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Co., Middletown, Md.		ADDRESS 24a. REC'D BY REGISTRAR DATE 11 May 1956 24b. REGISTRAR'S SIGNATURE Elizabeth L. Heck						

TO HOSPITAL
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

13

CERTIFICATE OF DEATH

BUREAU Y. S.

MAY 14 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5151

CERTIFICATE OF DEATH

05139

Reg. Dist. No.

147

1. PLACE OF DEATH a. COUNTY Frederick				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural--Mt. Airy		c. LENGTH OF STAY IN lb 11 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural--Mt. Airy		d. STREET ADDRESS Black Ankle Rd.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)		First GEORGE	Middle ELMER	Last RUBY	4. DATE OF DEATH MAY 3, 1956	Month MAY	Day 3	Year 1956	
S. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 2-3-1896	9. AGE (In years last birthday) 60 yrs.	IF UNDER 1 YEAR Months 60	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William Ruby				14. MOTHER'S MAIDEN NAME Amanda Horton					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes			16. SOCIAL SECURITY NO. W.W. 1 214-16-0299		17. INFORMANT Virgie Ruby, Mt. Airy, Md.			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) Carcinoma of Stomach. Few years									INTERVAL BETWEEN ONSET AND DEATH, Less than 1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour o. m. p. m.		Month June	Day 19	Year 1956	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Locust Grove	20f. (City or town) Frederick Co.	(County) Maryland	(State)
21. I certify that I attended the deceased from June 1956 to May 1956 that I last saw the deceased alive on May 2, 1956 , and that death occurred at 2 p.m. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Winfield, Md. DATE SIGNED May 3, 1956									
ACTUAL SIGNATURE W. B. Culwell PHYSICIAN'S NAME (Type) W. B. CULWELL									
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 5-7-1956		22c. NAME OF CEMETERY OR CREMATORIUM Locust Grove		22d. LOCATION (City, town, or county) Frederick Co., Maryland (State)			
23. FUNERAL DIRECTOR'S SIGNATURE S. M. Waetz					ADDRESS Winfield, Md.	24a. REC'D. BY REGISTRAR DATE May 5, 1956	24b. REGISTRAR'S SIGNATURE Clarice A. Puckler		

BUREAU V.

MAY 8 1956

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05140

5152

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY FREDERICK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIBERTYTOWN RURAL		c. LENGTH OF STAY IN 1b 3 MO	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) RAYMOND		First	Middle
		DOUGLIS	SCHELL
4. DATE OF DEATH MAY 13		Month	Day Year 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH FEB 13 - 1954
WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	9. AGE (In years last birthday) 3 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME EUGENE SCHELL	
14. MOTHER'S MAIDEN NAME NORMA BOWERS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT EUGENE SCHELL LIBERTYTOWN MD	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 491X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from May 12, 1956 to May 12, 1956 that I last saw the deceased alive on May 12, 1956 and that death occurred at 54 N. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE J. H. MESSLER M.D. PHYSICIAN'S NAME (Type) J. H. MESSLER M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF MAY 15, 1956	22c. NAME OF CEMETERY OR Crematory ORIAL LINDEN HILLS
23. FUNERAL DIRECTOR'S SIGNATURE Dr. Butcher & Sons Libertytown, Md.		24a. ADDRESS 2069 0 04406	24b. REC'D BY REGISTRAR DATE 17 May 1956
		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05141

5153

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. NEAREST TOWN (If outside corporate limits, write RURAL and give nearest town) Buckeystown		c. LENGTH OF STAY IN 1b Life		c. NEAREST TOWN (If outside corporate limits, write RURAL and give nearest town) Buckeystown		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) STEINER		First	Middle	Last	4. DATE OF DEATH SHANKE	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH April 26, 1887	9. AGE (In years lost birthday) 69 yrs.	IP UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Martin L. Shankle		14. MOTHER'S MAIDEN NAME Julia Angleberger		Address				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. Hester B. Shankle, Buckeystown, Maryland		INTERVAL BETWEEN ONSET AND DEATH 4 days		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia terminal DUE TO 493X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma rectum								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ADDRESS (Street, city or town, state)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from Oct. 20th, 1955 , to May, 30th, 1956 that I last saw the deceased alive on May 26th, 1956 , and that death occurred at 5:00 AM , from the causes and on the date stated above. ACTUAL SIGNATURE J. M. Baxter								
21. I certify that I attended the deceased from Oct. 20th, 1955 , to May, 30th, 1956 that I last saw the deceased alive on May 26th, 1956 , and that death occurred at 5:00 AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) East Church St., Frederick, Md.		DATE SIGNED 5/31/1956						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF June 1, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Mounr Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR Elizabeth G. Herk		24b. REGISTRAR'S SIGNATURE		
				DATE 31 May 1956				

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be mailed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

THE STATE OF ALABAMA
GENERAL ASSEMBLY

CERTIFICATE OF DEATH

MARSHAL

COPIED

BUREAU Y. S.

JUN 1 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5117 CERTIFICATE OF DEATH

05142

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
<i>Frederick</i>				o. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		b. COUNTY <i>Frederick</i>	
<i>Frederick</i>		<i>3 days</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		d. STREET ADDRESS	
<i>Frederick Mem. Hospital</i>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Mrs. Nettie B.</i>		First	Middle	Last	4. DATE OF DEATH
S. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-16-1884</i>	9. AGE (In years last birthday) <i>72 yrs.</i>	Month <i>May</i> Day <i>30</i> Year <i>1956</i> IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i> IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>OWN HOME</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>					
13. FATHER'S NAME <i>Nicholas A. Perkins</i>		14. MOTHER'S MAIDEN NAME <i>ANNA MARY BAILEY</i>		Address	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>Wilmer D. Sier - Ijamsville-Md.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary thrombosis</i> DUE TO <i>420.0</i>					
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) <i>Arterio sclerotic heart disease</i> DUE TO					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) <i>New Market - Md.</i> (County) <i>Frederick</i> (State) <i>Md.</i>	
21. I certify that I attended the deceased from <i>May 27</i> , 19 <i>56</i> , to <i>May 30</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>May 29</i> , 19 <i>56</i> , and that death occurred at <i>5:15 A.M.</i> from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>New Market - Md.</i> DATE SIGNED <i>5-30-56</i>			
ACTUAL SIGNATURE <i>Ralph L. Michels</i>		M.D.			
PHYSICIAN'S NAME (Type) <i>Ralph L. Michels</i>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>6-2-56</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>MT. OLIVE Cemetery, Frederick - Md</i>	
22d. LOCATION (City, town, or county) <i>(State)</i>					
23. FUNERAL DIRECTOR'S SIGNATURE <i>C. E. Clark & Son - Frederick - Md.</i>		ADDRESS		24a. REC'D BY REGISTRAR DATE <i>31 May 1956</i>	
				24b. REGISTRAR'S SIGNATURE <i>Elizabeth G. Heek</i>	

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

131

CERTIFICATE OF DESIGN

DEPARTMENT OF STATE OF HAWAII - SALEM, OREGON, U.S.A.

BUREAU, U. S.

JUN 1 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5118 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05143

Reg. Dist. No. 131

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

11 69		M		1. PLACE OF DEATH a. COUNTY <i>Frederick</i> MARYLAND b. CITY OR TOWNSHIP (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i> c. LENGTH OF STAY IN 1b <i>15 hrs</i>										2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Frederick</i> c. CITY OR TOWNSHIP (If outside corporate limits, write RURAL and give nearest town) <i>New Market</i> d. STREET ADDRESS <i>Market Street</i>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
10 2		I		3. NAME OF DECEASED (Type or print) <i>Charlotte Rebeca Smith</i>		First	Middle	Last	4. DATE OF DEATH <i>May 30</i>		Month	Day	Year				
10 2		I		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>9/29/42</i>		9. AGE (In years last birthday) <i>13</i> yrs.		10. IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>			
10 2		I		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Grade School</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>							
10 2		I		13. FATHER'S NAME <i>Clarence L Smith</i>		14. MOTHER'S MAIDEN NAME <i>Ila M. Moser</i>		Address <i>Walkersville</i>									
10 2		I		15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Clarence L Smith</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hand-degree burns</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. <i>916.0</i> (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>15-2 hours</i>					
10 2		I		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
10 2		I		20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH. <i>Clothes caught fire from electrical source</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Clothes caught fire from electrical source</i>											
10 2		I		20c. TIME OF INJURY Month, Day, Year Hour o. m. <i>5/30 1956</i>		20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. (City or town) <i>Walkersville</i> (County) <i>Fred. Co.</i> (State) <i>Md</i>							
10 2		I		21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .													
10 2		I		ACTUAL SIGNATURE <i>B. D. Thomas</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED <i>May 31-56</i>					
10 2		I		EXAMINER'S NAME (Type) <i>B. D. Thomas</i>													
10 2		I		22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>5/2/56</i>		22c. NAME OF CEMETERY OR CREMATORIAL <i>Rocky Hill</i>		22d. LOCATION (City, town, or county) <i>Fred. Co.</i> (State) <i>Md</i>							
10 2		I		23. FUNERAL DIRECTOR'S SIGNATURE <i>Powell & Hartzler, Woodsboro, Md</i>		ADDRESS		24a. REC'D BY REGISTRAR <i>Elizabeth S. Hech</i>		24b. REGISTRAR'S SIGNATURE							
10 2		I						DATE <i>29 June 1956</i>									

DEPARTMENT OF STATE
EXAMINERS CERTIFICATE OF DEATH

BUREAU Y. S.

NO. 5 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5154

CERTIFICATE OF DEATH

05144
131

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights		c. LENGTH OF STAY IN 1b 6 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 21 East Church Street			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Vindabona Convalescent Home						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) LUCY		First	Middle	Last	4. DATE OF DEATH SNYDER	Month	Day	Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	B. DATE OF BIRTH JUNE 3, 1889	9. AGE (In years lost birthday) yrs. 66	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Eli Wolfe				14. MOTHER'S MAIDEN NAME Frances Page					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Miss Maxine W. Snyder, 21 East Church Street, Frederick, Md.		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.3 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		<i>acute cardiac decompensation</i>				INTERVAL BETWEEN ONSET AND DEATH 6 days			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Anemia									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 17 East Second St., Frederick, Md.		20f. (City or town) Frederick		(County) Frederick County	(State) Maryland
21. I certify that I attended the deceased from July 7, 1948 , to May 12, 1956 , that I last saw the deceased alive on May 12, 1956 , and that death occurred at 7:15 PM , from the causes and on the date stated above. ACTUAL SIGNATURE H. L. Fahrney									
PHYSICIAN'S NAME (Type) Dr. H. L. Fahrney		ADDRESS (Street, city or town, state) 17 East Second St., Frederick, Md.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 15, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Marvin Chapel Cemetery		22d. LOCATION (City, town, or county) Frederick County, Maryland		(State) Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 14 May 1956		24b. REGISTRAR'S SIGNATURE Elizabeth L. Heck			

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred to by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

STATE OF NEW YORK
DEPARTMENT OF HEALTH - 54 CLIMBIE ST.

CERTIFICATE OF DEATH

BUREAU V. S.

MAY 15, 1956

RECEIVED

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
511905145
13

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MD</i>		b. COUNTY <i>FREDERICK</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>FREDERICK</i>		c. LENGTH OF STAY IN 1b <i>10 WKS</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>NEW MARKET</i>		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>FREDERICK MEMORIAL HOSPITAL</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Oliver</i>		First <i>O</i>	Middle <i>W</i>	Last <i>Sponseller</i>	4. DATE OF DEATH Month <i>5</i>	Day <i>10</i>	Year <i>1956</i>
S. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7/20/86</i>	9. AGE (In years lost birthday) <i>69 yrs.</i>	IF UNDER 1 YEAR Months <i>6</i>	IF UNDER 24 HRS. Days <i>10</i>	Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWORK</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>OWN HOME</i>		11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>GEORGE E. WOLFE</i>		14. MOTHER'S MAIDEN NAME <i>GEORGANNA CLAY</i>		Address <i>GEORGE W. SPONSELLER NEW MARKET MD</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>✓</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>GEORGE W. SPONSELLER</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i> DUE TO <i>420.0</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <i>Anteriorilestra Heart Disease</i> DUE TO <i>10 yrs. t</i> (c)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Cerebral Thrombosis with Hemiplegia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 mo.</i>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) <i>—</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>—</i>		20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> 20d. INJURY OCCURRED White Not white of work <input type="checkbox"/> at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <i>3/1</i> , 19 <i>56</i> , to <i>5/10</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>5/9/56</i> , 19 <i>—</i> , and that death occurred at <i>12:45 AM</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>Henry V Chase</i> PHYSICIAN'S NAME (Type) <i>Henry V. Chase</i>		M.D.		ADDRESS (Street, city or town, state) <i>4 E. Church St Frederick Md</i>		DATE SIGNED <i>5/11/56</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		22b. DATE THEREOF <i>May 12-56</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>NEW MARKET CEM</i>		22d. LOCATION (City, town, or county) (State) <i>NEW MARKET MD</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>C. E. Falconer</i>		ADDRESS <i>New Market MD</i>		24a. REC'D BY REGISTRAR DATE <i>12 May 1956</i>		24b. REGISTRAR'S SIGNATURE <i>Elizabeth L. Heck</i>	

CERTIFICATE OF DEATH

DEATH

BUREAU V. S.

MAY 15 1956

RECEIVED

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5120 CERTIFICATE OF DEATH

05146
Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Montgomery</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b <i>1 day</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Poolesville</i>		d. STREET ADDRESS <i>1578-2</i>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick Memorial Hosp</i>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <i>Howard Wilson</i>		First	Middle	Last	4. DATE OF DEATH <i>Spurrier</i>	Month	Day	Year <i>5 22 1956</i>
S. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 3-1874</i>	9. AGE (In years lost birthday) <i>81 yrs.</i>	IF UNDER 1 YEAR Months <i>81</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>	Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired, general store merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>John Spurrier</i>		14. MOTHER'S MAIDEN NAME <i>Martha Biggs</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs Howard Spurrier, Poolesville, Md</i>		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>422.1 Occlusion of left common iliac artery</i>		DUE TO Artery		INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs.</i>				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)		DUE TO <i>Arteriosclerotic Cardiovascular Disease</i>		(c) <i>10 yrs</i>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Bilateral Bronchopneumonia</i>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>None</i>						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>None</i>		20f. (City or town) <i>Poolesville</i>		(County) <i>Montgomery</i> (State) <i>Md.</i>
21. I certify that I attended the deceased from <i>5/31</i> , 19 <i>56</i> , to <i>5/22</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>5/22</i> , 19 <i>56</i> , and that death occurred at <i>10:05 A.M.</i> from the causes and on the date stated above.				ADDRESS (Street, city or town, state) <i>4 E. Church St</i>		DATE SIGNED		
ACTUAL SIGNATURE <i>Henry V. Chase</i>		M.D.						
PHYSICIAN'S NAME (Type) <i>Henry V. Chase</i>		Frederick Md.						
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>5/24/56</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Monocacy</i>		22d. LOCATION (City, town, or county) <i>Beallsville Md.</i>		(State) <i>Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>William B. Holloman, Barnesville</i>		ADDRESS <i>me</i>		24a. REC'D BY REGISTRAR DATE <i>5/23/56</i>		24b. REGISTRAR'S SIGNATURE <i>Carroll G. E. Lewis</i>		

87-3907414-0-072A2H 3Q 1995M14930 37412

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2012/13
Year

10. The following table shows the number of hours worked by each employee.

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REGIYE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5155

CERTIFICATE OF DEATH

05147
131

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Frederick-Rural RD#1		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#1		d. STREET ADDRESS Mount Pleasant		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Mount Pleasant				d. STREET ADDRESS Mount Pleasant		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) VERNON		First AUGUSTUS	Middle STEVENS	Last STEVENS	4. DATE OF DEATH May 11, 1956	Month May	Day 11	Year 1956
S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 30 April 1892	9. AGE (In years last birthday) 64 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0	13. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George A. Stevens		14. MOTHER'S MAIDEN NAME Mary E. Wagner						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Mary Bartlett Stevens		Address RD#1, Frederick, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 416X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c)		Angertic failure				INTERVAL BETWEEN ONSET AND DEATH 1 week		
		Pneumonia, heart disease				years		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from _____, 1956, to _____, 1956, that I last saw the deceased alive on _____, 1956, and that death occurred at 8:45 P.M., from the causes and on the date stated above. ACTUAL SIGNATURE James B. Thomas PHYSICIAN'S NAME (Type) James B. Thomas, M. D.						ADDRESS (Street, city or town, state) 228 N. Market St., Frederick, Md.		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 15 May 1956		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 14 May 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Hecks		

TO HOSPITAL
moⁿ by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MAY 15 1956

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MAY 15 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5121

CERTIFICATE OF DEATH

Reg. Dist. No. 05148
131

1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY FREDERICK	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FREDERICK MEMORIAL Hospital		d. STREET ADDRESS 219 West Patrick St.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) JANET LEE STOCKMAN		4. DATE OF DEATH Month MAY Day 20 Year 1956	
5. SEX Female 6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 20, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME CHESTER EUGENE Stockman		14. MOTHER'S MAIDEN NAME Gail VIRGINIA Miss	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mother Mrs. Gail Stockman Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 762.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause lost. (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH wife	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) Linden Hills - Frederick - Md. (County) Linden Hills (State) Md.
21. I certify that I attended the deceased from 5/20 , 1956, to 5/20 , 1956, that I last saw the deceased alive on 5/20 , 1956, and that death occurred at 5/20 M, from the causes and on the date stated above. ACTUAL SIGNATURE James B. Thomas M.D. ADDRESS (Street, city or town, state) Frederick, Maryland DATE SIGNED 5/21/56			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 5-22-56 22c. NAME OF CEMETERY OR CREMATORIAL Frederick Mem. Park		22d. LOCATION (City, town, or county) Linden Hills - Frederick - Md. (State) Md.	
23. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son - Frederick - Md.		24a. REC'D BY REGISTRAR Elizabeth G. Heck	24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. E

MAY 23 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5122

CERTIFICATE OF DEATH

05149
131

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWNSHIP (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 35 Years		c. CITY OR TOWNSHIP (If outside corporate limits, write RURAL and give nearest town) Frederick				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		d. STREET ADDRESS 24 Taney Apartments		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) SUSANNAH		First	Middle	Last	4. DATE OF DEATH VIRTS	Month	Day	Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 27 July 1882		9. AGE (In years last birthday) 73 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John T. Vickers			14. MOTHER'S MAIDEN NAME Rachel Wade					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT William E. Virts (Same as item #2)		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Senility</i> 794X DUE TO _____ Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) _____ DUE TO _____ (c) _____ INTERVAL BETWEEN ONSET AND DEATH 1 yr								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) _____								
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Leesburg	(County) Virginia	(State) Virginia
21. I certify that I attended the deceased from May , 19 55 to May 19, 1956 , that I last saw the deceased alive on May 18, 1956 , and that death occurred at 1:45 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE <i>Rex R. Martin</i> ADDRESS (Street, city or town, state) 35 E. Church St., Frederick, Md. DATE SIGNED 5/21/56								
PHYSICIAN'S NAME (Type) Rex R. Martin, M. D.								
22o. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 23 May 1956		22c. NAME OF CEMETERY OR CREMATORIUM Union Cemetery		22d. LOCATION (City, town, or county) (State) Leesburg, Virginia		
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 22 May 1956		24b. REGISTRAR'S SIGNATURE <i>Elizabeth S. Heck</i>		

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CALIFORNIA STATE DEPARTMENT OF HEALTH - SANITATION

CERTIFICATE OF DEATH

NAME OF DECEASED	AGE	SEX	DEATH DATE	TIME	CAUSE OF DEATH
DECEASED IS HEREBY CERTIFIED AS BEING DEAD					
THIS CERTIFICATE IS ISSUED AT THE REQUEST OF					
RECEIVED BY					
MAY 23 1956					

BUREAU V. S.

MAY 23 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5156

CERTIFICATE OF DEATH

05150

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY

Frederick

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Thurmont, Md. Rural

c. LENGTH OF STAY IN lb

Life

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Maryland

b. COUNTY

Frederick

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Thurmont, Md. Rural

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM?

YES NO 3. NAME OF
DECEASED
(Type or print)First
MauriceMiddle
MerhlLast
Weller4. DATE
OF
DEATH

May

21

19 56

5. SEX

6. COLOR OR RACE

7. MARRIED NEVER MARRIED

8. DATE OF BIRTH

9. AGE (In years
lost birthday)

60 yrs.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Male

White

WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Laborer

WM Railroad

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Gertrude Weller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

World War I

214-14-6804 Mary Floretta Weller-Thurmont, Md. RFD

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

420.1

Acute coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

1 min.

DUE TO

Conditions, if any, which
gave rise to Immediate
cause (a), stating the under-
lying cause lost.

(b)

DUE TO

(c)

MEDICAL CERTIFICATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)

20c. TIME OF INJURY Month, Day, Year
Hour a.m. 19
p.m.20d. INJURY OCCURRED
White
at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from May 21, 1956, to May 21, 1956, that I last saw the deceased
alive on May 3, 1956, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATURE

M. Franklin Birely M.D. Thurmont, Md. 5/21/56

PHYSICIAN'S
NAME (Type)

M. Franklin Birely

Thurmont, Md.

22a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

22b. DATE THEREOF

5/24/56

22c. NAME OF CEMETERY OR CREMATORI

Blue Ridge Cemetery

22d. LOCATION (City, town, or county)

(State)

Thurmont, Md.

23. FUNERAL DIRECTOR'S SIGNATURE

Raymond B. Creager

Thurmont, Md.

ADDRESS

24a. REC'D BY REGISTRAR

DATE 5/23/56

24b. REGISTRAR'S SIGNATURE

H. St. Hedrick

MAY 23 1956

REGEV ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1805151

5157 CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Cullen

3427 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Victor Cullen State Hosp.

3. NAME OF
DECEASED:
(Type or Print)

(First) Maude

(Middle) E.

(Last) Young.

5. SEX:

F

6. COLOR OR
RACE: W.7. MARRIED
WIDOWED DIVORCED
(Specify) single8. DATE OF BIRTH:
1/15/19024. DATE
OF
DEATH: 5

12

19

56

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): Nursing10B. KIND OF BUSINESS
OR INDUSTRY: Nurse9. AGE last birthday
54 yrs.IF UNDER 1 YEAR
Months DaysIF UNDER 24 HRS.
Hours Min.

13. FATHER'S NAME:

Thomas H. Young

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT
COUNTRY?15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) No16. SOCIAL SECURITY NO.
None

14. MOTHER'S MAIDEN NAME:

Rose Wingate

17. INFORMANT & ADDRESS:

Maude E. Young, Westover, Maryland.

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE

(A) Pulmonary tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

34 years

ANTECEDENT CAUSE (S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from 12/24, 1946, to 5/12, 1956, that I last saw the deceased
alive on 5/12, 1956, and that death occurred at 10:15 p.m. from the causes and on the date stated above.
SIGNATURE *J. H. Cullen* ADDRESS DATE SIGNED
Cullen, Maryland. 5/14/5623. BURIAL, CREMATION,
REMAINSDATE THEREOF
5/15/56NAME OF CEMETERY OR CREMATORIUM
Bethany M.P. CemeteryLOCATION (City, town, or county)
(State)
Pocomoke City, MarylandDATE REC'D BY LOCAL
REGISTRAR 5/14/56REGISTRAR'S SIGNATURE
J. H. Cullen

24. FUNERAL DIRECTOR

ADDRESS
Dennis & Watson, Pocomoke City, Md.

BUREAU V. 2

MAY 15 1956

RECEIVED